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ABSTRACT

The paper presents seven cases to support the benefits of mothers acting as co-therapists in the remediation of their child's handicaps from early childhood to the secondary level. It is pointed out that the positive mother-child interactions facilitated successful mainstreaming. (Author/SBH)

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MOTHERS INVOLVEMENT IN MAINSTREAMING

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MOTHERS INVOLVEMENT IN MAINSTREAMING

The mother is the first person in the world with whom the child makes her first bond.

Many behaviors and traditions are transmitted through mothers. Many psychological aspects are manipulated through mothers' activity and interaction with the child.

If usually mothers, and later fathers, use to interact many hours a day with their children, why not use this interaction in a positive and constructive way specially when the child is disabled and needs as much remedial actions as possible to bypass her worthless situation?

Let us see, first of all, some cases described in "PORTUGAL: integration or special schools?" (NORONHA and NORONHA, 1976a), "INTEGRAÇÃO: um ano de experiência" (NORONHA and NORONHA, 1976b), "INTEGRACIÓN Y CONDICIONAMIENTO OPERANTE" (NORONHA and NORONHA, 1978a), "FAMILY INVOLVEMENT MAKES EDUCATION MORE ECONOMIC" (NORONHA and NORONHA, 1978b), "DEFICIÊNCIA E CONDICIONAMENTO OPERANTE" (NORONHA, 1978a), and "MOTHERS AND THEIR INVOLVEMENT IN THEIR HANDICAPPED CHILDREN'S EDUCATION" (NORONHA, 1978b).

We will try to compare Arnaldo, Cardoso, Paulo, Prata, Álvaro, Isabel, and Cristina, specially concerning the aspect of the colaboration and support given by their mothers to each of them.

Highlighting the position of the mother we are not placing the father on a secondary position. We are meaning that mother, usually in our western civilization, spends much more time with her children than father. Nevertheless this is a task to which fathers also must be commited whenever it is possible.

Arnaldo is a boy who suffers from ataxy and great amblyopia; at the age of 4 he began physiotherapy and speech therapy. Even having a normal IQ, he passed his primary school only at the age of 12, having been educated always in a special school for cerebral palsy children. Later, he was integrated in a regular secondary school and at the age of 19, he is studying his 5th year of Lyceum. His mother helped him very much not overprotecting him, but her lower academic grade did not give her a chance to help her child to achieve earlier, better scholastic goals.

Cardoso born as premature baby, had a diagnose of cerebral palsy with athetosis at the age of 2 years. Having attended a special school, this child passed the primary school at the age of 11. His mother was overprotective but colaborated well with the consultant integration teacher when, at the age of 13, he was integrated in a regular junior secondary school.

Fears and feelings of insecurity where extinguished with the help of the mother using the techniques of desensitization (NORONHA, 1978b). This child is performing well, having passed the 4th year of secondary school at the age of 16.

Paulo, born aparently dead, was diagnosed as suffering light spastic dyplegia at the age of 2. Having remedial therapy, this boy attended always regular schools and now he passed the 4th year of secondary school with 15 years of age. His mother helped him very much to attain good standard not only in the academic achievement but also in the acquisition of self confidence, as soon as the consultant integration teacher began to support

this child in a regular junior secondary school during one academic year.

Isabel, a premature baby, had to be kept in an incubator her first three months of life. Only at the age of 9 was diagnosed right side hemiplegia and mental deficiency.

Having attended always regular schools since the age of 5, she began to fail and at last, at the age of 15, after having passed the primary school, she began to be supported by a consultant integration teacher.

In spite of many problems between her parents and although with a dignose of light mental deficiency, she performed well in the junior secondary school having passed all the academic years, each in one year.

At this moment, she passed the 3rd year of secondary school with 18 years of age.

Her mother colaborated very well but the delayed diagnostic, no remedial action and the label of mentally retarded,compelled this girl to be backward as she is now.

Only the last few years in the secondary school were profitable to her and this gives us a clue about the importance of early diagnose and remedial action for an adequate developpment of the personality and other skills.

Prata is a boy who had birth difficulties. At the age of 5, was dignosed ataxy with double light hemiparesis. From 6 to 12 years of age he attended a special school having passed the primary school at the age of 13.

Being integrated in a regular junior secondary school, at the age of 15, just like Cardoso, he did not pass in the examinations. His parents did not colaborate with the consultant integration teacher and his mother believed that the boy was sub-normal and not able to cope with the academic studies. She thought also that the academic achievement was not worth for him. He is continuing to fail and, sooner or later he will have to drop the school.

Álvaro, is a premature baby born with gastro-intestinal and other disturbances.

The diagnose of subnormality was made before the age of 4, and since 5 until the age of 8, he was in a special school where he did not learn anything except "bad behavior".

We see in "DEFICIÊNCIA E CONDICIONAMENTO OPERANTE" (NORONHA, 1978a), that the boy was educated at home in the academic year 1976/77 because he was not admitted in any regular or special school.

Having his parents' colaboration, specially for behavior modification of speech and motor activities, we see that the child who did not learn more than 10 different sounds and words until the age of 8 years and 7 months, learned already 56 new words and sounds in 45 weeks of therapy

done by the therapist, having as co-therapists both of his parents. His mother used to alter her normal interaction with him observing correctly the situation and giving a proper reinforcement to the child in accordance with the psychologist's instructions. The father used to spend some periods of 30 minutes each week to stimulate and reinforce the child in his language acquisition skill. A tape recorder was used to record and playback all the descriminated sounds progress done by the child.

The motor behaviors were also manipulated with the parents' colaboration. More than 35 new behaviors were built up either because they were correct or because they were opposite to other behaviors which had to be extinguished as not correct.

Cristina is a 7 years old girl who had speech difficulties. After having been with a speech therapist during more than one year with two weekly sessions of speech therapy without any success, the mother decided to ask a psychologist to try behavior modification.

The child was reinforced as soon as she could make the slightest progress in her language pronounciation. All the sessions were tape-recorded and the mother was allowed to see, through a kind of one way screen, how the therapy was done; the observation of the correct time and quality of reinforcement was enphasized.

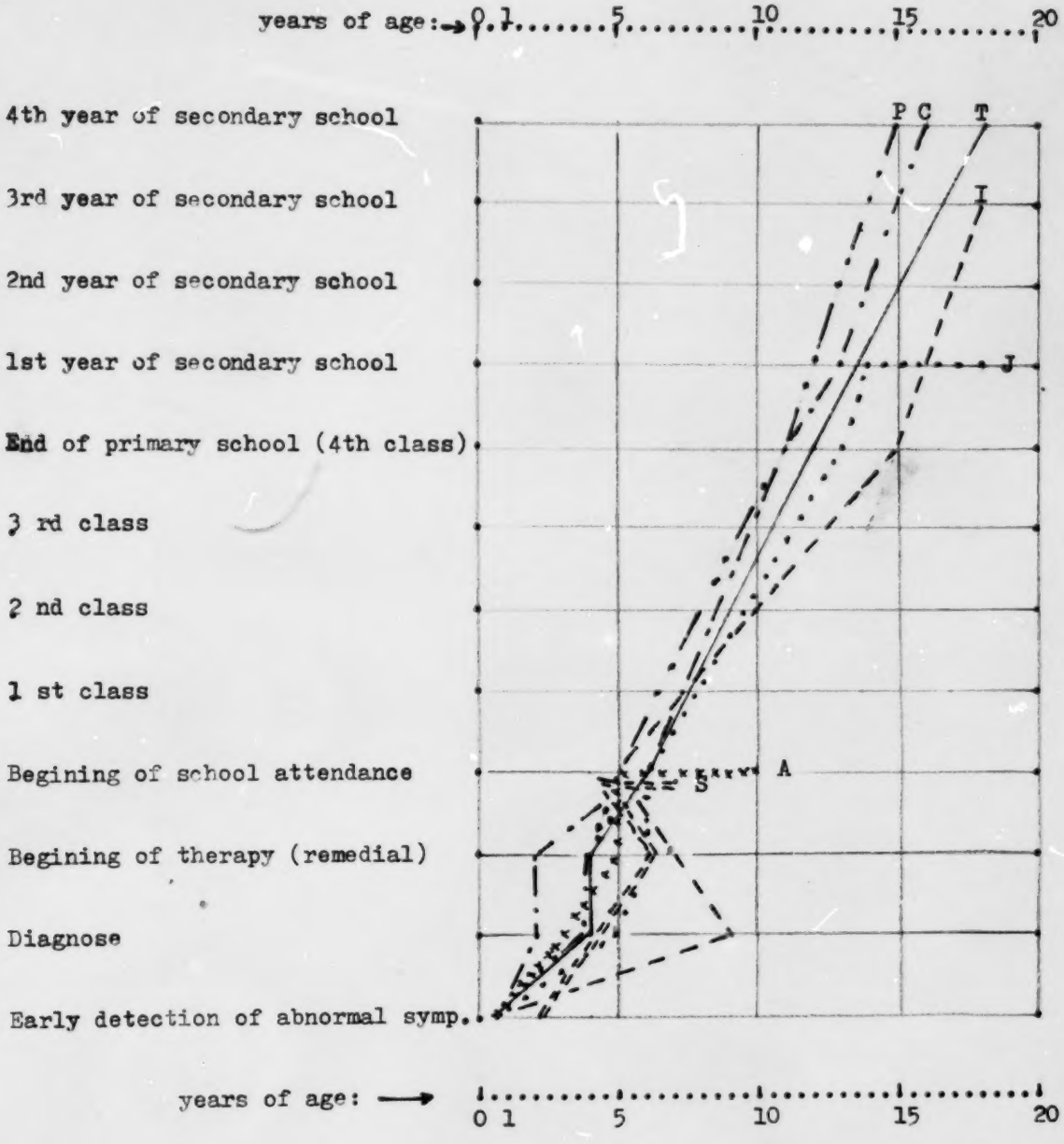
The mother used to playback the recorded cassette every time she could: at home, in the car, on week-end travellings, giving the child constant feed-back of her progress in oral language.

Only 6 sessions of 1 hour were enough to make the child able to speak much better than before and to give the mother opportunity to control the child's behavior at any time.

Comparing all these cases we can see [illegible] that the early diagnose and remedial action are the best things to be done with a disabled or handicapped child.

table

Comparative table of the children's progress



LEGEND

P = Paulo — • • —

C = Cardoso • — • —

T = Arnaldo ———

J = Prata • • • • • •

I = Isabel — — — —

A = Álvaro × × × × × ×

S = Cristina = = =

The remedial action when done without the colaboration of parents is less effective than if it was done with their colaboration. The parents are much more in touch with the child and if we change the environment permanently, the behavior is totally altered.

As the parents are not paid to do these remedial actions, great advantages can be found in this situation specially when there is a shortage of skilled specialists and the number of disabled who do not find enough schools to be educated, is great.

The methodology we use is more or less the following:

- evaluate globally the child's capabilities and possibilities of success;
- try to experiment the degree of success that is possible in the child's education;
- teach the parents through discussion, lecturing, reading and audio-visual means about the basic principles and techniques of behavior modification;
- use, if necessary, case discussion, films, slides and sound recordings to modell the parents and make them sure about the advantages of joining their efforts to obtain more benefits for their children's education;
- modelling in vivo is sometimes used and the models are as close and similar as possible to those who are learning;
- tape-record the sessions to be played back when necessary;
- reinforce the parents to make them feel successful and secure about their new task;
- try to get definitely the parents into the regular education of the child, trying to place her in a regular school and helping the teachers when necessary.

All these procedures are not very long, specially when the parents cooperate since the begining.

We can conclude that if the parents, and specially the mother, are motivated to work with their children as co-therapists, the mainstreaming is an easy and valuable task for the education of the future. A future that must be worthwile for all the countries either rich or poor.

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